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CONFIRMATION NO. 7902

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|---|---|---------------------------|---|---|
| SERIAL NUMBER 10/689,480 | FILING DATE 10/20/2003 RULE | CLASS 239 | GROUP ART UNIT 3752 | ATTORNEY DOCKET NO. |
| APPLICANTS Muniswamappa Anjanappa, Ellicott City, MD; David T. Bach, Ellicott City, MD; ** CONTINUING DATA <i>YES</i> <i>11/30/05</i> This appln claims benefit of 60/420,800 10/23/2002 ** FOREIGN APPLICATIONS <i>NONE</i> <i>11/30/05</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/17/2004 ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>11/30/05</i> Examiner's Signature Initials | | STATE OR COUNTRY MD | SHEETS DRAWING 4 | TOTAL CLAIMS 20 INDEPENDENT CLAIMS 3 |
| ADDRESS Clifford Kraft 320 Robin Hill Dr. Naperville, IL 60540 | | | | |
| TITLE Micro-array fluid dispensing apparatus and method | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |